



# COMPLAINT FORM

Bureau of Radiation Control  
(512) 834-6688  
Investigation Program



**COMPLAINANT INFORMATION (PERSON REPORTING).** IF YOU WISH TO REMAIN ANONYMOUS PLEASE SKIP TO THE INFORMATION ON ALLEGED VIOLATOR SECTION.

Name: .....

Address: .....  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: .....

## INFORMATION ON ALLEGED VIOLATOR

Name: .....

License or Registration Number (if known): .....

Address: .....  
Street Address City State Zip

Business Phone: \_\_\_\_\_ Other Phone: .....

## SUPPORTING DOCUMENTATION

Attach documentation such as charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

## DETAILS OF COMPLAINT

Dates of Violations: From: \_\_\_\_\_ To: .....

Details of Complaint: .....

Details of Complaint: .....

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you may email to:  
robert.free@tdh.state.tx.us